

From: John Schlitt
Sent: Thursday, August 03, 2006 5:16 PM
To: AHRQ Citizenshealth
Subject: response to interim recommendations

Attachments: Citizen's Health Care Working Group response.pdf

Attached is the National Assembly's response to the interim recommendations of the Citizens' Health Care Working Group. We appreciate this opportunity to comment on this important work.

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August 3, 2006

Patricia A. Maryland, Dr.Ph
Chair, Citizen's Health Care Working Group
7201 Wisconsin Ave, Suite 575
Bethesda, MD 20814

Dear Dr. Maryland and Working Group Members:

The National Assembly on School Based Health Care (NASBHC) is an advocacy and leadership organization that represents those who support, receive and provide health care in schools and school-connected programs. We commend the Citizen's Health Care Working Group for its fine work, and broad recommendations that, if enacted by our national, state, and local policy makers, will go far to assure a healthier America.

Our perspective on the recommendations is singularly focused on America's school-age children. This is a time of crisis and opportunity for education and health. There is awareness of disparities in both arenas and their effect on educational attainment and health status. In addition, we believe that schools are the place and time for improving children's lives. The vision of the National Assembly – of schools and communities working together to assure health care access – is shared by thousands of child and adolescent health and mental health providers who work in our nation's schools so that students can be healthy and succeed academically – and in life. We advocate for national and state policies, programs and funding that sustain, grow and integrate school-based health care into our nation's health care and education systems.

- ◆ The health needs of America's school children include prevention, protection, and promotion of life long healthy behaviors.
- ◆ School-based health centers allow students to receive these services where they are every day: in school.
- ◆ School-based health centers promote active parent involvement and collaborate with pediatricians and primary care teams.
- ◆ School-based health centers support the educational mission of the schools and the primary care mission of the pediatric professionals.
- ◆ School-based health centers bring qualified child and adolescent mental health, nutrition, and dental services to students.
- ◆ Behavioral risk assessments and ongoing preventive strategies that address major causes of youth mortality often require a degree of access to health and mental health services that schools can best provide.
- ◆ School-based health centers provide a bridge between the broad range of educational services that many children need and the array of specialty services that the health care system may also provide. This type of linkage is essential for vulnerable children to be able to grow and become successful students.

School-based health care is increasingly being implemented as a creative strategy for improving access to care for children. Today 1,700 school-based or school-linked health services deliver primary preventive and early intervention services to nearly two million children of all grade levels in urban, rural, and suburban schools across 45 states. School-based health centers are strategically located in areas serving a large percentage (62% on average) of low-income minority children – a group long recognized for its disparities in health care access and outcomes.

The Work Group's recommendation to support integrated community health networks is consistent with the fundamental idea for school-based health care: integrate existing resources and service networks to serve communities of greatest need. School health centers succeed at this mission by bridging schools and the most vulnerable, hard-to-reach school-age populations with community-based primary care services of hospitals, public health departments, academic medical centers, and community health and mental health clinics.

Financing School-Based Health Centers

The ability of school health centers to address the access needs of children is severely constrained by current financing methods. Combinations of funds from local, state, and federal public health and primary care grants, community foundations, and reimbursement from public and private health insurance are the chief means of financing school-based health centers. Too often, school-based and school-connected health centers are constrained by time-limited funding and exist without secure funding streams. Consequently, sustaining adequate funding is a major and constant challenge to most school health centers and their parent agencies.

While it is unreasonable that school health care costs might be fully covered by reimbursement alone, a stable source of funding is needed that recognizes not only the one-on-one encounters, which are the heart of most health care service delivery, but also the benefits of school-specific health promotion, group activities, and preventive services enhanced by co-locating primary care services within schools. The source of this funding might be public or private, capitated or program-based. Most importantly, this type of financing needs to be a part of the public policy formation regarding school health centers on a national level.

NASBHC recommends:

The National Assembly on School-Based Health Care calls upon policymakers to secure a sustained role for school-based health centers in our nation's health care safety net by:

1. Authorizing School Health Centers as Part of Health Care Safety Net

School health centers should be included among federally funded health service providers. As with federally supported institutions such as community health centers, migrant health centers and rural health centers, many school health center patients are uninsured, on Medicaid or otherwise vulnerable. A federal policy that established school health centers as a public health delivery model would:

- establish a national standard of health care delivery in schools;
- support funding priorities for important early intervention and behavioral health services not currently financed by Medicaid;
- match local and state general fund investments.

2. Assuring That Public Health Insurance Programs Reimburse SBHC Services

The National Assembly on School-Based Health Care, in consideration of the important role school-based health centers play in meeting Medicaid and SCHIP access goals for children and adolescents, urges policy makers to protect and promote this essential component of the children's safety net through the following recommendations:

- Federal and state Medicaid and SCHIP policies should recognize school-based health centers as an eligible provider or primary care service type. This could be accomplished by linking standards and reimbursement to the health centers' sponsoring organization (such as a hospital, community health center, public health department or other non-profits) or through a distinct standard specifically for school-based health centers.
- Federal and state Medicaid and SCHIP policies should facilitate the participation of school-based health centers as primary care providers and child and adolescent specialists in managed care organizations and provider networks.
- Federal and state Medicaid and SCHIP policies should establish school-based health center reimbursement methodologies that compensate the inter-disciplinary, comprehensive school-based health services model at 100% of cost.
- Federal and state Medicaid and SCHIP policies should emphasize access to preventive care, routine assessment and screening, early intervention for medical and behavioral problems, and effective management of chronic illnesses. Policy should also reward performance measures that align with nationally recognized standards of preventive care for children and adolescents.
- Federal and state Medicaid and SCHIP policies should prohibit cost-sharing for primary care services (such as co-pays or premiums), and eliminate burdensome requirements that force school-based health centers to seek payment from low-income children and adolescents ineligible for Medicaid.

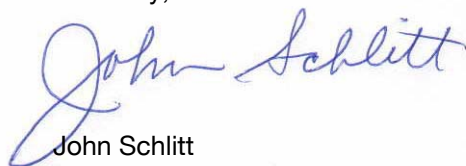
Unless school health centers are sustained through enabling Medicaid and SCHIP policies at both federal and state levels, critical health and mental health services for America's students will be jeopardized at the community level.

Summary

NASBHC strongly supports the expansion of school-based health care to ensure and improve access to health care for all children and the development of policy that provides secure funding streams for the broad array of physical and mental health services provided in school-based health centers.

We fully appreciate the great opportunities presented by your work and look forward to working with you and Congress to realize an achievable dream for making "health care work for all Americans."

Sincerely,

A handwritten signature in blue ink that reads "John Schlitt". The signature is fluid and cursive, with the first name "John" being larger and more prominent than the last name "Schlitt".

John Schlitt
Executive Director